



STATE OF MARYLAND  
STATE LABOR RELATIONS BOARD  
**Complaint under COMAR 17.07.05**

45 Calvert Street  
ANNAPOLIS, MARYLAND  
21401-1907

**Complete Sections 1 through 5. Please type or clearly print.**

**1. Complainant ( individual/organization filing complaint)**

Full Name:

Address of Complainant ( Street and Number, City , State and Zip Code):

Telephone Number of Complainant

Organizational affiliation of Complainant (if any):

Name and Title of Representative Filing Complaint (if any):

Address of Representative Filing Complain ( if any):

Telephone Number of Representative Filing Complaint

**2. Respondent(s) (Public employer and/or employee organization against whom complaint is filed)**

Full Name of Respondent(s):

Address of Respondent(s):

**3. Statement of facts constituting the alleged prohibited practice including:**

- (1) The names of the individuals involved in the alleged acts;
- (2) The dates and places of the alleged occurrence; and
- (3) The specific unfair labor practice alleged to have occurred.

**4. Remedy sought ( State the remedy you request the State Labor Relations Board to Order)**

**5. Declaration**

**I declare that I have read the above complaint and that the statements set forth above are true to the best of my knowledge and belief.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_